

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-015373

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 72 Primary Registration District No. 3013 Registrar's No. 106

FILED MAY 7 1963

|   |                               |   |                                    |
|---|-------------------------------|---|------------------------------------|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Clay</u>  |                               | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY <u>Clay</u>   |                                    |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <u>North Kansas City</u>   |                               | Length of stay in 1b<br><u>D O A</u>  |                                    |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <u>N. K. C. Memorial Hospital</u>  |                               | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |                                    |
| d. STREET ADDRESS<br><u>5112 No. Brooklyn</u>   |                               | Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>   |                                    |
| 3. NAME OF DECEASED<br>(Type or print)<br>First <u>Edith</u> Middle <u>Fay</u> Last <u>Turner</u>   |                               | 4. DATE OF DEATH<br>Month <u>April</u> Day <u>27</u> Year <u>1963</u>   |                                    |
| 5. SEX<br><u>Fe</u>   | 6. COLOR OR RACE<br><u>Wh</u> | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>                                     | 8. DATE OF BIRTH<br><u>2-25-05</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Housewife</u>   |                               | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>At Home</u>   |                                    |
| 11. BIRTHPLACE (City and state or country)<br><u>Camden Point, Missouri</u>   |                               | 12. CITIZEN OF WHAT COUNTRY<br><u>USA</u>   |                                    |
| 13a. FATHER'S NAME<br><u>Frank Neff</u>   |                               | 13b. MOTHER'S MAIDEN NAME<br><u>Lena L. Justus</u>  |                                    |
| 14. NAME OF HUSBAND OR WIFE<br><u>Vester J. Turner</u>  |                               | 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of)<br><u>No</u>  |                                    |
| 16. SOCIAL SECURITY NO.<br><u>5112 No. Brooklyn</u>   |                               | 17. INFORMANT<br><u>Vester J. Turner</u>  |                                    |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Coronary Occlusion Apparent</u><br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) _____<br>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)<br>PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |                               | INTERVAL BETWEEN ONSET AND DEATH<br><u>Do 4</u>   |                                    |
| 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>   |                               | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>   |                                    |
| 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)  |                               | 20c. TIME OF INJURY<br>Hour _____ Month _____ Day _____ Year _____<br>a.m. _____ p.m. _____   |                                    |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>  |                               | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)  |                                    |
| 20f. CITY, TOWN, OR LOCATION  |                               | COUNTY  |                                    |
| 20g. STATE  |                               | 21. attended the deceased from _____ to _____ and last saw her/him alive on _____<br>Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated. |                                    |
| 22a. SIGNATURE<br><u>[Signature]</u> (Degree or title)  |                               | 22b. ADDRESS<br><u>North Kansas City, Mo.</u>   |                                    |
| 22c. DATE SIGNED<br><u>4/30/63</u>  |                               | 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u>  |                                    |
| 23b. DATE<br><u>Apr. 30, 1963</u>   |                               | 23c. NAME OF CEMETERY OR CREMATORY<br><u>Smith Cemetery</u>   |                                    |
| 23d. LOCATION (City, town, or county)<br><u>Platte County, Missouri</u>   |                               | 23e. DATE RECD. BY LOCAL REG.<br><u>4-30-63</u>   |                                    |
| 23f. REGISTRAR'S SIGNATURE<br><u>[Signature]</u>  |                               | 24. FUNERAL DIRECTOR<br><u>McComas Funeral Home</u>   |                                    |
| 24a. ADDRESS<br><u>Smithville, Mo.</u>  |                               | 25. DATE RECD. BY LOCAL REG.<br><u>4-30-63</u>  |                                    |

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

MAV 24 1963

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed \_\_\_\_\_

*Donald W. Hanks*

Licensed Embalmer No. 4528

P. O. Address Smithville, Mo.

**Note:** The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.